



Silver Lake Elementary

COURAGE ★ CONFIDENCE ★ COMPASSION ★ COMMUNITY

Registration Instructions

1. Please fill out all forms **completely**.
2. **Emergency Form** - Please list all children attending this school. Only one form per family is needed but should be filled out annually. We must have two people listed as emergency contacts other than the parents, as well as the work phone for both father and mother, if applicable. Only those listed on the emergency form will be allowed to check out your child if necessary. We will not release students to anyone who is not listed on the form. ****This includes older siblings.****
3. **Immunizations** - Please fill out the pink card and attach a copy of your child's immunization record (yellow card, printed list, etc.) Your child **CAN NOT** attend school until immunization requirements are met. This is a Utah State Law we are required to enforce.
4. **Birth Certificate** - State law requires that a birth certificate for your child be provided. We must see an original copy.
5. **Proof of Residency** - Please bring a utility bill, a lease/rental contract, driver's license, etc. that has your name and address on it proving that you live in school boundaries.
6. **Court Documents** - If there has been a divorce, a copy of the divorce decree, **SIGNED BY THE JUDGE**, must be provided. A copy of the parenting plan and any addendums pertaining to custody arrangements must also be provided.

Alpine School District Student Transfer Information

Please help us make the best placement for your child by completing the following information.

Student Name: _____

Has your child ever attended an Alpine School District Elementary school:

Yes No

If yes, which school(s): _____

Is your child coming from a:

Public School

Private School

Home School

What grade level did your child last complete?

Grade: _____ School Year: _____

Was your child being served in any of the following at your last school?

Resource Yes No

Speech Yes No

Title 1 Yes No

Reading Recovery Yes No

Does your child have any special medical or physical needs which our school needs to accommodate? Yes No - If yes, please explain:



NEW STUDENT REGISTRATION FORM

Student's Name _____
(Last) (First) (Middle) (Known As)

Date of Birth _____ Birth Place (City/State or Country) _____

Male Female Grade _____ Has your child ever attended school in Alpine School District? Yes No

School Last Attended _____ Address _____

Student transferred from: Circle One WITHIN DISTRICT OUT OF DISTRICT OUT OF STATE OUT OF COUNTRY*

Enrollment Date in First USA School _____ *If out of country, which country? _____

Father's Email _____ Mother's Email _____

Student's Home Address _____

(Street) (City) (State) (Zip)

Name of Parent or Legal Guardian _____

STUDENT LIVES WITH <i>(Write Names)</i>	DOB	Foster	Step	Circle Primary Phone #		
				HOME PHONE	CELL PHONE	WORK PHONE
Father						
Mother						
Guardian						
Other						
Student's school-aged siblings:						
Schools siblings are/will be attending:						

Circle One

- Yes No Has your child lived in the US for the last 3 years?
- Yes No Do you have legal custody of the child you are registering?
- Yes No Is the child you are registering a foster child/ward of the court?
- Yes No Does this child have an **Individualized Education Plan** or is he/she receiving Special Education Services?
- Yes No Are you living with friends or relatives?
- Yes No Has your child ever been suspended/expelled from school?
- Yes No Is this child receiving English language support?
- Yes No Is the primary language spoken in the home English? If no, what language is spoken? _____
 What is the native language of this student? _____

I attest by this signature I am the custodial parent or legal guardian of the student above. I acknowledge that falsifying this record makes me subject to law.

Parent/Guardian Signature _____ Date _____

PLEASE TURN OVER AND FILL OUT BACK OF THIS FORM

OFFICE USE ONLY						
Teacher _____	Track _____	Student # _____	Date Enrolled _____	Start Date _____		
Skyward - <input type="checkbox"/> NCLB	<input type="checkbox"/> Schedule	<input type="checkbox"/> Home Room	<input type="checkbox"/> Advisor	<input type="checkbox"/> Class List	ESL Y or N	
Immunizations - <input type="checkbox"/> Complete	<input type="checkbox"/> In Process	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Proof of Residency	<input type="checkbox"/> Legal Docs		
Administrator Approval _____						

Federal Legislation is now requiring more detailed reporting for student ethnicity and race. As a result, Alpine School District asks that you help us comply with this legislation by answering the following questions.

ETHNICITY: Is this student Hispanic/Latino?

Yes Hispanic/Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

No Not Hispanic/Latino

RACE: What is this student's race? (Choose one or more)

American Indian or Alaska Native (a person having origins in any of the original peoples of North, South or Central America and who maintains tribal affiliation or community attachment)

If checked, please indicate which Tribe or Band _____

Asian (a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including; Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand and Vietnam)

Black or African American (a person having origins in any of the black racial groups of Africa)

Native Hawaiian or Other Pacific Islander (a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

White (a person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

I understand that the district is required to report the above information for all students, but I refuse to declare a race for my student. I understand that district personnel will do their best to determine my child's race and report that determination.

**ALPINE SCHOOL DISTRICT
GUARDIANSHIP STATUS FORM**

Under Utah Law 53A-2-202, a child is eligible to attend school if their parent or legal guardian resides within the school's boundaries. If the school is a closed school, exceptions may only be granted by applying through the "Out of Area Committee" at the Student Services Department in the District Office.

Select the statement below which best describes your relationship to the student whom you wish to register in Alpine School District. A separate form must be completed for each child you are registering.

Student's Legal Name: _____

1. _____ The above named child lives with both parents (legally married) and I am the parent (birth or adopted) of this child.
2. _____ I am the parent (birth or adopted) of this child and am not currently married to other parent, but I have been awarded Physical Legal Custody by a court.*
3. _____ I am the birth parent of this child but was never married to the mother/father.
4. _____ I am not the parent (birth or adopted) of this child. I am a relative or friend. (Please choose one of the following)
 - a. _____ I have been awarded legal guardianship of this child through the court. **
 - b. _____ I have not been awarded legal guardianship of this child through the court.
5. _____ I am a foster parent or proctor parent.
6. _____ None of the above statements describe my relationship to this child. (Please describe your relationship to this child)

Your Name: _____
(Please print)

Your Signature: _____ Date _____
(By signing this document, I attest that the above information is true and correct. I acknowledge that any falsification of information makes me subject to penalty of law).

* To assist us in complying with court orders, you **must** provide us with a copy of the most recent **legal court documents before the student can enroll.**

** Verification of court order or DCFS placement must be provided prior to child being enrolled.

Parent's Last Name

Student's Last Name

Home Address

City

Home Phone

ALPINE SCHOOL DISTRICT
EMERGENCY & RELEASE INFORMATION

Occasionally a student may become ill or have an accident while at school. This may necessitate contracting the guardian or seeking medical attention for the student. The information you provide below will allow us to care for your child in case of an emergency. Registration is not complete without this signed form. List your students attending this school, oldest first.

Student Information

Table with 7 columns: Last Name, First Name, M/F, Grade, Teacher, Birth Date, List any Health Problems. Multiple empty rows for student data.

Parent Information

Table with 5 columns: Name (please print name), Employer, Work Phone, Cell Phone, E-mail Address. Rows for Father, Mother, Legal Guardian, Step Father, Step Mother.

Alpine School District requires a legal guardian or a person authorized by the guardian to sign for your student to be released from school during the day. Please include individuals you authorize to pick up your child from school when you cannot be contacted. If someone who is not listed below comes to check out your student, we will not be able to release them. Non-custodial parent's names must be written below for non-custodial parent to check this student out.

Local Emergency Contacts (the individuals listed below are authorized to check out my student from School)

Table with 5 columns: Name, Street, City, State, Zip, Phone, Relationship. Multiple empty rows for contact information.

In the event that none of the above are available, or in the case of an emergency, the school will call an ambulance or the paramedics if it is deemed necessary.

Physician's Name: _____ Phone: _____

Is there information on file preventing certain individuals from checking this student out? Yes ___ No ___

I have read and understand the information included on this form. Furthermore, I accept financial responsibility for all accident/illness-related costs and I agree to the emergency procedures outlined above.

Signature of Parent or Legal Guardian _____ Relationship to the Student _____

I attest by this signature that I am the Legal Custodial Parent or Legal Guardian of the student(s) above. Falsifying any of the above information could result in legal action.

Please notify the school office of any changes regarding this information.

Alpine School District

Student Directory Information and Media Release

Student Name:

Student Id #:

Alpine School District strongly believes in protecting student data and student data privacy. Additionally, it recognizes students in various venues and desires to appropriately promote the positive accomplishments of students. This document discloses the fashions in which data may be shared and gives you a way to control how your student's data are made available in local publications and the general media.

District or School Level Applications and Services

To protect student privacy, Alpine School District enters into a legally binding privacy agreement with providers receiving student information for the purposes of delivering educational or operational services. In order to operate and provide services, essential systems receive student data regardless of the permissions below. A list of these essential district applications can be viewed [here](#).

Directory Information Release

Under the Family Educational Rights and Privacy Act (FERPA), Alpine School District defines Directory Information that can be disclosed or published without parental consent for each instance of sharing. Directory Information facilitates school publications and operational activities such as yearbooks, graduation or other programs, honor roll lists, class photos, etc. Parents can opt out of allowing the school or district to share Directory Information. Alpine School district defines Directory Information to include the following:

- Student First Name
- Student Last Name
- District Student Email
- Student Grade Level
- Past and Present School(s) attended
- Student Degree, Honors, Awards, Activities, Sports
- Student Photo

Declining the Directory Information provision restricts Alpine School District from disclosing any or all of the types of information designated above as Directory Information from your child's education records.

I Understand that the above information may be provided to outside entities for the purposes described above.

I Decline (I understand my student's information will not be included in publications such as graduation programs, extracurricular programs, honor rolls, or with providers such as photographers, ring manufacturers, etc...) This opt out needs to be done within five days of the beginning of the

school year, or at the date of first enrollment. Checking this box after that timeframe does not guarantee the restriction of Directory Information during that school year.

School and District Web/Social Media Release

Student information is sometimes requested by external media (newspaper, TV, radio, and so forth). Schools also use social media and the internet to publish student accomplishments and highlight student achievement. As such, Alpine School District requires parental/guardian permission in order for this information to be released or shared. Media release information includes Directory Information and also the following additional information:

- Student work or projects
- Student comments
- Student ideas
- Video of students

I Agree (The school or district may publish--in electronic format--my child's projects, photo/video, comments, and name. I understand that this information will be available on the Internet (please note that this does not replace the district's Acceptable Use Policy or imply permission to use Internet services).

I Decline (The school or district may not publish my childs projects, photos/video, comments, name to the media or to the internet.)

This form will be kept in Skyward and may be viewed in the student's profile.

Parent/Guardian Signature

Date

Alpine School District

Student Computer & Internet Use Permission Slip

Student Name:

Student Id #:

Recognizing the fundamental role technology plays in the 21st Century, Alpine School District supports and encourages the appropriate and responsible use of technology in student learning. Alpine School District will take reasonable measures to protect students and ensure that technology use aligns with educational objectives.

Acceptable Use Policy

The current policy, including rules and regulation, is found in the [Internet/Wide Area Network Acceptable Use Policy](#) or may be obtained at any district school. It is the responsibility of the student and parent/guardian to understand the current policy.

Parental Permissions

By accepting this agreement below:

- I grant permission for my child to use district and school computers and devices and the Alpine School District wide area network/Internet in ALL the following ways:
 - Internet services
 - Online educational applications
 - Student productivity tools including email, cloud storage, and productivity applications
 - Other software and services
- I recognize that the purpose of a student email is for communication for educational purposes, and for use in account creation for educational applications. Accordingly, I grant consent to my student's teachers in Alpine School District to disclose the following subset of Directory Information to software application providers, under the terms of the provider's privacy agreement:
 - Student first name
 - Student last name
 - Student district generated email

Applications used by the teachers which contain the above student information will be communicated to parents through teacher disclosure statements or other methods.

I accept these conditions. I have read and accept the conditions above for computer use, application use, and student data disclosure.

I decline these conditions. I understand that my student will not be able to use district computer or devices, applications, and district internet services.

Parent/Guardian Signature

Date:

**ALPINE SCHOOL DISTRICT
STUDENT HEALTH INFORMATION**

Student's Name _____ Birth Date _____ Sex _____
Address _____ City _____ Grade _____
Home Phone _____ Cell Phone _____ Other Phone _____
Parent/Guardian: _____
Parent/Guardian email: _____
Student lives with: _____ both parents _____ Mother _____ Father _____ Other

MEDICAL HISTORY

Family Doctor _____ Phone _____
Current Medical Diagnosis (if any) _____

YES	NO	HAS YOUR CHILD EVER HAD (if yes, please describe)
___	___	Any Serious Allergies (Please specify to what and how serious)? _____
___	___	Asthma or Breathing Problems (how serious)? _____
___	___	Orthopedic or Bone Problems? _____
___	___	Heart Disease or Murmur? _____
___	___	Kidney Disease? _____
___	___	Seizures (type and frequency)? _____
___	___	Diabetes (Insulin dependant? On an insulin pump?) _____
___	___	Serious or Chronic Disease (i.e. Leukemia, transplant)? _____
___	___	Has your child had the Chickenpox disease? _____
___	___	Serious Accident/Injury? _____
___	___	Vision Exam? Date _____ By Whom _____ Results _____
___	___	Other Health Concerns? _____

MEDICATION

Is student on special medication that may need to be administered during school?
Yes*** (See below) ___ No ___ If yes, what type(s) and reason: _____

***If yes, a student medication authorization form must be completed by parent and physician and returned to the school before any medication can be given. This includes all OTC (over the counter) and prescription medications (including inhalers, epinephrine injectors, and insulin). You can obtain the form from the office.

IT IS A VIOLATION OF THE DISTRICT'S DRUG-FREE POLICY FOR K-6 STUDENTS TO CARRY ANY MEDICATION with the exception of inhalers, epinephrine injectors and insulin with proper signed prescriber and parent authorization.

With parent permission, 7-12 grade students may now carry and administer **one dose** of easily identified non-prescription, over-the-counter medication.

Signature of Parent/Guardian _____ Date _____

PLEASE NOTE: The information requested is considered to be essential for planning a program each year that will meet the needs of your child. This information will be kept confidential and only persons working directly with your student (i.e. teachers, administrators, nurse) will have access to this information.



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RECORD REQUEST

Student Information

Name(s):	Grade:	Birthday:

To expedite enrollment, please fax or email the following to us as soon as possible:

- *Birth Certificate*
- *Immunization Records*
- *Special Education Information*
- *Legal Documents*
- *Withdrawal Form*

Previous School Info

Name: _____

Address: _____

City and State: _____

Please send all school records including the Cumulative folder with Birth Certificate, Immunization Records, Special Education (IEP), and any other records regarding the child or children listed above. Thank you!!!

As parent or guardian of the above named student(s), I do hereby authorize the above named school to release cumulative files with all records and test results.

School Official or Parent/Guardian Signature

Date

1st request sent: _____

2nd request sent: _____

2020-2021 School Year

Utah School Registration Immunization Requirements

Utah State Law requires that all students must submit a completed immunization record to the school **BEFORE THE FIRST DAY OF SCHOOL ATTENDANCE. THESE REQUIREMENTS ARE IN EFFECT FOR THE 2020-2021 SCHOOL YEAR IN ALL UTAH PUBLIC AND PRIVATE SCHOOLS.** A student must have proof of the following immunizations for school enrollment or submit one of the three exemptions listed below.

<u>Preschool</u>	<u>K-5th Grade</u>	<u>6th Grade</u>	<u>7th---12th Grade</u>
<p>4 DTP/Dtap/DT 3 Polio (IPV) 1 MMR</p> <ul style="list-style-type: none"> • (mumps, measles, rubella) <p>3 Hepatitis B (HBV) 2 Hepatitis A (HAV) 1 Varicella (chickenpox)</p> <ul style="list-style-type: none"> • history of disease need a document signed by a health care provider <p>HIB..</p> <ul style="list-style-type: none"> • doses adequate for age <p>Prevnar (Pneumonia)</p> <ul style="list-style-type: none"> • doses adequate for age, including one dose of Prevnar 13 	<p>5 DTP/Dtap/DT/Tdap</p> <ul style="list-style-type: none"> • 4 doses ok if 4th given after 4th birthday • 3 doses ok if 3rd given after 7th birthday <p>4 Polio (IPV)</p> <ul style="list-style-type: none"> • last dose must be given after 4th birthday or 5 required • 3 doses ok if 3rd given after 4th birthday <p>2 MMR (mumps, measles, rubella) 3 Hepatitis B (HBV)</p> <ul style="list-style-type: none"> • last dose must be given after 6 months of age or 4 doses required <p>2 Varicella (chickenpox)</p> <ul style="list-style-type: none"> • history of disease needs a document signed by a health care provider <p>2 Hepatitis A (HAV)</p>	<p>5 DTP/Dtap/DT/DTP</p> <ul style="list-style-type: none"> • 4 doses ok if 4th given after 4th birthday • 3 doses ok if 3rd given after 7th birthday <p>4 Polio (IPV)</p> <ul style="list-style-type: none"> • last dose must be given after 4th birthday or 5 required • 3 doses ok if 3rd given after 4th birthday <p>2 MMR (mumps, measles, rubella) 3 Hepatitis B (HBV)</p> <ul style="list-style-type: none"> • last dose must be given after 6 months of age or 4 doses required <p>1 Varicella (Chickenpox)</p> <ul style="list-style-type: none"> • history of disease needs a document signed by a health care provider <p>2 Hepatitis A (HAV)</p>	<p>5 DTP/Dtap/DT/DTP</p> <ul style="list-style-type: none"> • 4 doses ok if 4th given after 4th birthday • 3 doses ok if 3rd given after 7th birthday <p>1 Tdap (tetanus, diphtheria, pertussis)</p> <p>4 Polio (IPV)</p> <ul style="list-style-type: none"> • 3 doses ok if 3rd given after 4th birthday <p>2 MMR (mumps, measles, rubella) 3 Hepatitis B (HBV)</p> <ul style="list-style-type: none"> • Last dose must be given after 6 months of age or 4 doses required <p>2 Varicella (Chickenpox)</p> <ul style="list-style-type: none"> • history of disease needs a document signed by a health care provider <p>2 Hepatitis A (HAV) 1 Meningococcal</p>

(1st dose MMR, Varicella and Hepatitis A must be given AFTER 1st birthday to be valid dose)

EXEMPTIONS

PERSONAL RELIGIOUS & MEDICAL

All **new** students, students entering **Kindergarten and 7th grade** the legal guardian must complete an on-line educational module (free of charge) and provide a copy of the completed form to the school official. The on-line course can be found at www.immunize-utah.org. *Completion of the on-line educational module can be done at the Health Department if you do not have access to a computer.* For a **medical exemption**, a written note from a licensed health care provider must be provided along with a copy of the completed on-line educational module. It should state the physical condition of the student, and why that vaccine would endanger the student's life or health.

Results of a completed **TB test (PPD)** given in the U.S. within 90 days or results of a chest x-ray taken within the last year must be presented before school attendance begins by all students who have moved in from a foreign country (except Canada) or who have been out of the country for 6 months or more. A TB test given within the last five years is also required for all entering kindergarten who were born in a foreign country (except Canada). If BCG (a TB immunization) was given within the last year, the student must wait one year from the date of the BCG to receive a PPD, but they may attend school during that time period until the PPD can be given.

*A child may be allowed to attend school "conditionally" if at least one dose of each required immunization series has been completed and the child is **currently on schedule** to finish the rest. The remaining immunizations must be completed **on schedule** for the child to remain in attendance.*